UCC FINANCING STATEMENT AMEND	MENT			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	294	Ja		
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52  B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  100625554 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed	::350,CC			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	;5C//,;	1		
100625554 - 372200   Corporation Service Company				
801 Adlai Stevenson Drive Springfield, IL 62703	d In: Rhode Island			
	(S.O. <u>S.)</u>	THE ABOVE	SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201009263470 11/19/2010		or recorded) in the	TATEMENT AMENDMENT is to be filed [fo REAL ESTATE RECORDS ent Addendum (Form UCC3Ad) <u>and</u> provide Deb	•
TERMINATION: Effectiveness of the Financing Statement identificatement	ied above is terminated	with respect to the security	interest(s) of Secured Party authorizing thi	s Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item     For partial assignment, complete items 7 and 9 and also indicate at			ame of Assignor in item 9	<del></del>
CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ntified above with respec	t to the security interest(s)	of Secured Party authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:  This Change affects Debtor or Secured Party of record	heck <u>one</u> of these three t — CHANGE name and/or item 6a or 6b; <u>and</u> item	address: CompleteAD	DD name: Complete itemDELETE name: or 7b, and item 7cto be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Ga. ORGANIZATION'S NAMELDL STUDIO, INC.	on Change - provide only	one name (6a or 6b)		
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
			· · ·	
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Part         7a. ORGANIZATION'S NAME     </li> </ol>	ty Information Change - provide	only <u>one</u> name (7a or 7b) (use exac	t, full name; do not omit, modify, or abbreviate any part	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				<del></del>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
	.=.=			
	provide name of authorizi	ng Debtor	9b) (name of Assignor, if this is an Assignm	ent)
9a. ORGANIZATION'S NAME Citizens Bank, N.A. Forma	lly Known As Ri	3S Citizens, N.A.		
96. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: LDL STU[	DIO, INC.			100625554